

**FIFTH ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

MARTIN CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted November 13-14, 2013

CMA STAFF

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CAP Assessment of Martin Correctional Institution

I. Overview

On November 13 -14, 2013, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Martin Correctional Institution (MATCI). The survey report was distributed on December 16, 2013. In February 2014, MATCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the November 2013 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days.

On May 6, 2014, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an off-site CAP assessment on May 20, 2014 to evaluate the effectiveness of corrective actions taken by institutional staff. The CAP closure files revealed sufficient evidence to determine that 41 of 42 physical health findings and all mental health findings would remain open due to insufficient monitoring.

On August 18, 2014, CMA staff again requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, CMA staff conducted an on-site CAP assessment on September 18, 2014 to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. The CAP closure files revealed sufficient evidence to determine that 9 of 41 physical health findings and 5 of 13 mental health findings were corrected.

In December of 2014, CMA staff again requested access to monitoring documents. Based on the documents provided, CMA staff conducted an on-site CAP assessment on January 13, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. The CAP closure files revealed sufficient evidence to determine that 24 of 32 physical health findings and 3 of 8 mental health findings were corrected. However one physical health and one mental health CAP finding were added for monitoring and corrective action.

In March 2015, CMA staff again requested access to monitoring documents. Based on the documents provided, CMA staff conducted an on-site CAP assessment on April 22, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. The CAP closure files revealed sufficient evidence to determine that 7 of 9 physical health findings and 1 of 6 mental health findings as well as the mental health CAP finding, CF-2, were corrected. CF-1 remained open.

On July 27, 2015 CMA staff again requested access to monitoring documents. Based on the documents provided, CMA staff conducted an on-site CAP assessment on August 26, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 3 of the 3 physical health findings were corrected. No physical health findings will remain open.

Finding	CAP Evaluation Outcome
<u>CONSULTATIONS RECORD REVIEW</u> PH-11: A comprehensive review of 12 inmate records revealed the following deficiencies: (c) In 1 of 2 applicable records, the referring clinician did not document a new plan of care following a denial by the Utilization Management Department.	PH-11(c) CLOSED Adequate evidence of in-service training and documentation of correction were provided to close. PH-11(c) will close.

Finding	CAP Evaluation Outcome
<u>PERIODIC SCREENING RECORD REVIEW</u> PH-13: A comprehensive review of 12 inmate records revealed the following deficiencies: (a) In 4 records, the periodic screening was incomplete.	PH-13(a) CLOSED Adequate evidence of in-service training and documentation of correction were provided to close. PH-13(a) will close.

Finding	CAP Evaluation Outcome
<u>CAP FINDING – TUBERCULOSIS CLINIC</u> CF-1: In 2 of 2 applicable records (6 reviewed), the correct number of INH doses were not given.	CF-1 CLOSED Adequate evidence of in-service training and documentation of correction were provided to close. CF-1 will close.

III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that none of the five mental health findings were corrected. Five mental health findings will remain open.

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS RECORD REVIEW</u></p> <p>MH-1: A comprehensive review of 11 Self-Harm Observation Status (SHOS) admissions records revealed the following deficiencies:</p> <p>(d) In 3 records, the daily nursing evaluations were not completed once per shift.</p>	<p>MH-1(d) OPEN</p> <p>Adequate evidence of in-service training was provided, however institutional monitoring indicated an acceptable level of compliance had not been reached. MH-1(d) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>MENTAL HEALTH RESTRAINTS RECORD REVIEW</u></p> <p>MH-2: A comprehensive review of 2 mental health restraint episodes revealed the following deficiencies:</p> <p>(a) In 2 records, the telephone order for restraints was not signed by the clinician.</p> <p>(b) In 1 record, the inmate's behavior was not observed every 15 minutes while in restraints.</p> <p>(c) In 1 of 1 applicable record, there was no documentation that the inmate was offered a bedpan/urinal every two hours.</p> <p>(d) In 2 records, respiration and circulation checks were not completed and/or documented every 15 minutes.</p>	<p>MH-2(a) – (d) OPEN</p> <p>Adequate evidence of in-service training was provided, however there were no episodes that were applicable to these findings during the monitoring period. Institutional staff will continue to monitor. MH-2(a) - (d) will remain open.</p>

Finding	CAP Evaluation Outcome
<p><u>CAP FINDING – OTHER MENTAL HEALTH</u></p> <p>CF-3: In 1 of 1 records reviewed, inmates who made suicidal gestures were not properly assessed (see discussion).</p>	<p>Provide in-service training to staff regarding the issue(s) identified in the Finding(s) column.</p> <p>Create a monitoring tool and conduct biweekly monitoring of no less than ten records to evaluate the effectiveness of corrections.</p> <p>Continue monitoring until closure is affirmed through the CMA corrective action plan assessment.</p>

Discussion CF-3: A review of the documentation provided during the CAP assessment revealed an additional clinical concern that was not present at the time of the November 2013 survey, but was similar to a finding (CF-2) added during the third CAP assessment. During the fourth CAP assessment, adequate evidence of in-service training and monitoring efforts were provided to close this finding. However while reviewing the “Emergency Nursing Log” during the current CAP assessment, a similar concern was noted. Documentation on the log indicated an inmate had a self-inflicted laceration to his arm. The disposition indicated he was sent back to his confinement cell. A subsequent review of the inmate’s medical record revealed that at the time of the incident, the “Laceration Protocol” (DC4-683V) and “Staff Referral” (DC4-529) forms were completed. According to documentation contained in the referral to mental health which was marked Urgent/Emergent (respond immediately), “I/M used razor blade to scratch himself several times.” Because this incident occurred after-hours and mental health staff were not on-site, they did not receive the referral until the following morning. Mental health staff attempted to see the inmate in response to the staff referral at 10:00AM, however he refused. This refusal was noted on the “Mental Health Screening Evaluation” (DC4-642B) form, however there was no documentation of the self-injurious behavior that prompted the referral. Additionally, there was no documentation indicating the inmate was assessed for lethality or that the proper procedure for reviewing the health record and initiating assessment using the Mental Health Emergency Protocol (DC4-683A) was initiated.

IV. Conclusion

Physical health findings PH-11(c), PH-13(a) and CF-1 will close. Mental health findings MH-1(d) and MH-2(a) – (d) will remain open. Until such time as appropriate corrective actions are undertaken by MATCI staff and the results of those corrections reviewed by the CMA, these CAPs will remain open. MATCI staff will begin to monitor and correct CF-3. Until such time as appropriate corrective actions are undertaken by MATCI staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an on-site visit.